THE

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Medical Supplement

'चिकित्सितात्पुण्यतमं न किञ्चिदपि शुश्रुमः'। 'बिभेत्यल्पश्रुताद्वेदो मामयं प्रहरिष्यति'

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Ayurvedic Schools:

A Plea and a Scheme.

By Jogesh Chandra Ray.

There are at present four systems of medicine practised in our country. Two are Eastern, Ayurveda and Yunani, and two are Western, Allopathy and Homœopathy. The first is the Hindu system, and its practitioners are known as Vaidyas; the second is the Mahomedan, the practitioners being Hakims. Hamœpathy is not much known in villages, and neither Yunani in Bengal. There are thus left Allopathic physicians known as Doctors and Ayurvedic physicians who are generally called Kabirajes in Bengal, a corruption of Sanskrit *Kaviraja* a great sage, a doctor.

There are medical schools and colleges for training Doctors; but there are none for Kabirajes. The latter are thus left to themselves and but for the Indian origin of Ayurveda, the science of life, this class of physicians would have been a rarity.

No one will, however, deny the useful service done by the neglected Kabirajes, and in fact the country ought to feel grateful to them for the great work they are silently doing at great odds. For qualified Doctors are not as plentiful as sick men and women in the country. It is said that there is only one such Doctor for every forty thousand of the population of Bengal. Think of the enormous ravages annually wrought by diseases which have made their permanent home in the land, the frequency of epidemics, the rate of mortality, and worse still, a high level of sickness prevailing in the country. People speak of sanitation, that is, the prevention of disease; but what about the cure? There is thus an urgent call for more Doctors who are assumed to be the only curers, the Kabirajes being regarded as quacks and charlatans. But the medical schools, not to speak of colleges, have been taxed to their utmost capacity, and yet only a fraction of the candidates can find admission. There has therefore been a cry for more schools and more colleges.

But such schools of the up-to-date type require a capital outlay not easily found, and the choice has therefore been no more schools, and no more Doctors. Unfortunately sickness does not consider our convenience; rather it visits us when we are least prepared for it. For instance, it is winter and cloth is scarce when influenza thinks it fit to appear; there is scarcity of wholsome food and drinking water when cholera chooses to visit us, and so on. Economic condition, and public health are fast friends. Better sanitation implies better economic condition, and the latter better sanitation and more medical schools.

But if it is not possible to open more medical schools and produce more Doctors, what next best can the country do? The answer is clear. Let there be Ayurvedic schools which can be conducted, as the scheme will show, at a moderate cost, too moderate indeed for the stupendous problem.

But the plea is not put forward on the principle of better half a loaf than none at all. The Ayurvedic practice has distinct advantages on its side for which alone Ayurvedic schools are urgent.

Firstly. It is indigenous, and that makes a world of difference. It is surer to reach the masses more easily and more cheaply than the expensive allopathic practice through stores of European drugs. The Kabirajes have, it is true, succumbed to the influence of the example set by Doctors, and begun to charge high fees for their attendance. But this is still confined to towns, and as yet unknown in villages, where the cost of medicine is as low as the fee, most of the drugs being easily found almost everywhere. For a poor country like ours the cost of treatment is an important consideration, more important indeed than all the merits of Allopathic treatment put together. Perfection of an art is undoubdetly desirable, but many a desire remain unsatisfied on account of our inability to pay for it. There are, however, numerous ailments which are as amenable to Ayurvedic treatment as to Allopathic, and there is therefore no reason why the country should not have the advantages of cheapness. It is through Kabirajes that the knowledge of the medicinal uses of the indigenous drugs spreads among the people. In fact we have forgotten many a home remedy on account of our neglect to recognise what is good for us. Should this state be allowed to continue? It is also well to remember that in hours of peril, as happened during the European war when connection with the West was practically cut off, India shall have

to depend upon her own resources. For, luxury may wait, but medicine cannot. It is of supreme importance that efforts be made to naturalize the most useful medicinal plants of the West in this country. What a blessing it would be to the country if the cinchona tree could be grown wild in the plains so that the people could use its bark as they do of other plants, instead of the manufactured quinine?

Secondly. It is said that there are cases which are better cured by Ayurvedic medicine, leaving behind no after-effects such as follow allopathic treatment. There is a wide-spread belief among the observant that chronic cases are oftener more successfully treated by the Kabirajes than by the Doctors. If so, why should the country be deprived of the benefit? The late Surgeon-General Sir Pardey Lukis spoke of the Ayurvedic system in these words:—"The longer I remain in India and the more I see of the country and the people, the more convinced I am that many of the empirical [?] methods of treatment adopted by the Vaids and Hakims are of the greatest value, and there is no doubt whatever that their ancestors knew ages ago, many things which are now-a-days being brought forward as new discoveries." There are similar opinions held by other competent foreigners who cannot be accused of national bias. We do not know in what sense the eminent Doctor used the word, empirical. For science is based on experiments and observation, and has been described by some as statistics applied to natural phenomena. But we need not quarrel over a word.

Thirdly. The Ayurvedic system having been evolved in the country is better suited to the people, their habits and mode of life, their constitution, their temperament, and their environment. It is common knowledge that allopathic Doctors, though Indian, fumble when a question of diet is raised unless they have learnt the properties of our foods from some text-books of Ayurveda or from their own observation extending over years. Some go further and assert that while Dietetics is just born in western countries, the standard Ayurvedic works teem with the results of observation which appear to have been carefully made and accurately analysed. The numberless Patent Foods favoured by our Doctors were never intended for Indian invalids, and verily what is sauce for the gander is not sauce for the goose.

Fourthly. There is the question of faith which, as the physicians are aware, plays a most important part in the recovery of patients. The Indians unless denationalised have a natural bias for their own methods of treatment, and if they seek foreign methods it is because they do not find Kabirajes and Hakims as competent as they desire. There are diseases which are new to the country and have been studied by the western Doctors with great success. For these all Indians will be too glad to avail themselves of the training of our Doctors, whether Allopathic or Homœopathic. Similarly, surgery which is a forgotten art in India but most advanced in the West is undoubtedly soccessfully practised by our Doctors who are all in fact called Surgeons. Our Doctors have thus extensive fields for useful service. And so have the Kabirajes, if only we allow them a corner and fit them up for the work.

Fifthly. The sentiment called faith is associated with nationalism. Thoughtful Indians do not feel happy when they think of the stagnation of Ayurveda. They desire its revival and progress, and wish to take advantage of the favourable conditions of the hour in order to build their system strong with the materials which have been rendered available by the West. Is it impossible, they ask, for the East and the West to meet in the realm of sickness and distress when class and caste vanish and good fellow-ship and sympathy reign supreme? Let the Ayurveda borrow freely wherever it can, consistently with its theory and practice which have made it what it is. Think of the splendid temples of Allopathic medicine, its countless votaries, its munificent endowments, and say whether it is not natural for the Hindus to ask you to lend a helping hand in rejuvenating their system of good old time and uninterrupted tradition, if only an infusion of fresh blood becomes necessary. The scheme which is presented acknowledges the necessity of modernising Ayurveda in the light of the facts which have been discovered in the civilized world. We are laymen, but we firmly believe that it is by judicious assimilation of what is best in other systems of treatment that Ayurveda can survive and grow in vigour.

There cannot be and need not be any dispute regarding the usefulness of any system of treatment. There are Allopathy and Homœopathy, Hydropathy and Electropathy, Nature Cure and Faith Cure; let there be recognised another, Ayuspantha. All are sisters of mercy devoted each in her way to the alleviation of the miseries of suffering humanity. Hitherto the followers of the Indian path have been receiving training in private *tols* whose limitations have materially hampered the study and progress of the Science of Life. We believe schools of Ayurveda have yet a bright future and possess potentialities of far-reaching character, if only we do not fling away our sacred heirloom.

SCHEME.

1. *Courses of Study.* The Schools— Ayurvidyalaya—may be profitably conducted in the modern way, dividing the students into classes. The courses of study will occupy about five years. These should be defined in the form of syllabus instead of set books, leaving the study of the standard works to the advanced students. This will give ample scope to the Professors in their work and allow inclusion of topics new to the Ayurveda. This will also effectively check mere book learning by memory. There should, of course, be arrangement for practical training. Excluding surgery, the knowledge of which is at present theoretical, the subjects which Ayurveda deals with, may be classified as follows:—

(i) Anatomy and Physiology.
(ii) Pathology and Hygiene.
(iii) Materia Medica and Pharmacy.
(iv) Therapeutics and Medicine.

Of these, Anatomy and Physiology occupy a small part. These should be amplified, but the course not to exceed one year's study. To these Physical geography must be added. Pathology will occupy the second year, and the third and fourth subjects three and even four years according to the degree of proficiency aimed at. For Materia Medica the students should have lectures on plant morphology and classification as well as on the broad facts of animal classification.

2. *Students.* For efficient teaching it is absolutely necessary to select such students as possess a fair knowledge of Sanskrit, an amount of intelligence, a habit of observation and the faculty of entering into details. It is common knowledge to science teachers that there are students who are by nature unfit for science study. Such students should be rigorously excluded, in spite of their deep knowledge of Sanskrit. We may be sure a large number of matriculates will seek admission. They may be taken provided they offered additional Sanskrit for the matriculation examination and strictly obey the rules of the *math* It is well to remember that it is for the right class of students that the schools should exist, and that the life and death of millions of our countrymen will depend upon their proficiency.

3. *Teaching Staff.* Considering the length of the courses and the fact that new admission will take place every year, it is obvious that the teaching staff

should consist of at least five professors, and a part time qualified Assistant Surgeon. The five professors will of cource be appointed in five successive years. If the number of new admissions be limited to twenty-four, the number of students on the rolls of the school will come up to a hundred, a fair number for a professional school The Assistant Surgeon will give practical lessons on Plant Morphology and Classification and on Human Anatomy and Physiology. It is essential that this teacher should acquaint himself with the terminology of the Ayurveda, using new terms only when new facts have to be stated. The Professors will, we are sure, be glad to take the help of this teacher; for the goal of the school should after all be advancement of the science, and every aid, Indian or European, should therefore be always welcome.

4. *Shool Hours.* The school hours should be from half-past seven to ten in the morning, and from three to five in the afternoon.

5. *House Accommodation.* It is desirable to build a house for the school. It may not be a *pucca* building, but should consist of three blocks: The first block will contain—

6 Lecture rooms, each 12'×18'
1 Library and sitting room 18'×24'

The second block will contain—

1 Museum 12'×20'
1 Store room 12'×30'
1 Compounding and Dispensing room 12'×20'
1 Practical Work room 12'×40'
1 Shed 10'×50'

The third block will contain—

2 Hostels for students.

The demands of every branch of science are various, and ample room accommodation is not a luxury as is generally imagined. Science Institutions grow and it is common experience how lack of imagination at the time of inception soon turns a science college into a godown. There should be ample verandah and the plan should rather be unfinished in order that expansion may be possible than finished which will require part demolition and unsightly addition. We have given above the minimum sizes. The first block does not require any explanation. The second block is intended for adequate practical work by the students which should commence from the first year. The modern method of teaching followed in colleges enables the student to acquire more knowledge, albeit less deep, in a short time than is or was possible in *tols*. The shed is intended to be used for the preparation of drugs. One or two hostels or a *math* will be wanted for those students who will come from distant places, and the size will depend upon the number.

6. *Equipment.* Like the Museum and Laboratory a Dispensary is a *sine qua non.* Practical knowledge of therapeutics can be obtained only by treating patients, and a Dispensary forms a prominent feature of every medical *tol* and school. The Professor of Medicine will therefore be required to treat patients who may come to the school. The medicines, unless very expensive, should of course be given *gratis.* Fortunately most medicines are cheap. Besides the students will have prepared them for practice, and the expense has already been incurred. The Dispensary will thus be a helpmate to the Allopathic Dispensary of the town in which the school may happen to be located.

This duty of the Professor of Medicine raises the legitimate question of his salary. It is understood that all the Professors will be allowed to practise outside the school hours. The fact of their being associated in a school is sure to draw for them more practice than they could otherwise expect. The Professor of medicine treating patients gratis in the school certainly loses some amount of practice. Besides, he will be daily engaged in his school duties for at least six hours both morning and evening. Probably it will be found necessary to make him the Principal. All these considerations will entitle him to an adequate allowance.

A garden of medicinal plants is also a necessity. It is true that many of the plants are common enough and can be easily procured. But the fact that they do not grow at one place and many are not found in towns and suburbs is to be noted. The students should possess ample facility for getting acquainted with the habits of the plants. This can be secured only by a garden well stocked with medicinal plants. At the lowest estimate about two hundred species, many of which are large trees, have to be grown and taken care of. For this about four acres of land should be secured, preferably close to the school if the soil and situation be found favourable. Here the students will find plants which are uncommon as well as those which may be found almost everywhere on roadsides and hedges. The small size of the garden may not render possible an arrangement of the plants according to their medicinal properties, but an attempt should be made in this direction when the garden is laid out. We think three permanent *malis* will be able to take care of the plants once they have firmly rooted. The Professor of Materia Medica will be the Superintendent.

7. *Situation.* It is not necessary, rather it is undesirable, that the school be situated in a large town. Expenses in large towns are heavy. On the other hand the salary of the Professors may be low in view of the expected income from private practice in a town. Generally speaking we do not believe in permanent honarary teachers for public schools. Considering all these facts, the schools may be established in the suburbs of a large town other than Calcutta, probably also Dacca in Bengal, where the cost is prohibitive.

8. *Examination.* There will be two examinations, one class examination at the end of the second year with a view to eliminate the unfit, and the other final examination at the end of the fifth year. This examination will be conducted by the teachers jointly. The student who shows highest proficiency will receive the title Kaviraja, others who merely pass, Vaidya. The modern craze for high-sounding titles ending in Ratna has lowered the dignity of the profession by making them cheap.

9. *Cost.* An idea of cost is given below.

Non-recurring charges.

		Rs.
(1)	One acre of land for school ...	1,200
	House, H pattern, two sets of 8 rooms with 7' wide front veranda connected by the central Library room. Plinth area 6,100 sq. ft.... ...	18,300
	Shed and outhouses 700 sq. ft. ...	700
	Four acres of land for garden ...	2,400
	Laying out of land for garden ...	1,000
(2)	Furniture ...	500
	Appliances for Laboratory ...	2,000
	Books	500
	TOTAL ...	27,600

Recurring charges (annual).

	Rs.
Pay of 5 Professors, (4 upadhyayas and 1 mahopadhyaya), average Rs. 100 each per month ...	6,000
1 Assistant Surgeon, Rs. 50 ...	600
2 Bearers, average Rs. 10 each ...	240
3 Malis, average Rs. 9 each ...	324
Grant for Dispensary, Library and Laboratory	500

Grant for garden	...	100
Repairs	...	100
TOTAL	...	7,864

The recurring charges if capitalized at 6% will require one lac and thirty thousand rupees. The total cost will therefore amount to one lac and sixty thousand rupees. About twenty students may be expected to come out of the Ayurvidyalaya every year, each costing about Rs. 400. A part of the cost should properly be placed under the Dispensary, which if separately founded, would cost Rs. 1,500 a year.

There remains another item of expenditure. The students are supposed to be trained free; for it is more in the interest of the country than of the individuals that they undergo training. Considered from this point of view the old custom of free tuition and board in *tols* was a matter of necessity. In the modern conditions of life, however, it is enough if the students of the school find their own boarding and lodging. For the future development of the school, money will be wanted, and the custom of paying *Dakshina*, an offering to the Institution, may be revived, each student paying a certain fraction of his income for the second five years of his practice. This they will, we believe, readily do, and the school will be gradually richer, and the country prouder of the physicians.

To be continued.

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